## **Contaminated Sharps Injury Reporting Form**

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Texas Department of Health regional office in which the facility is located. Address information for regional directors can be obtained on the Internet at <a href="http://www.tdh.state.tx.us/brlho/regions.htm">http://www.tdh.state.tx.us/brlho/regions.htm</a>. The local health authority, acting as an agent for the Texas Department of Health will receive and review the report for completeness, and submit the report to:

## IDEAS, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3199

Copies of the Contaminated Sharps Injury Reporting Form can be obtained on the Internet at <a href="http://www.tdh.state.tx.us/ideas/report/sharps.htm">http://www.tdh.state.tx.us/ideas/report/sharps.htm</a> or from the Texas Department of Health Public Health Regional Offices.

Please complete a form for each exposure incident involving a sharp.

Fac	cility (agency/institution) where inju	ıry occurred (Use bi	lock letters to fill i	n boxes.)			П	<u> </u>	П	$\top$
Ctr.	eet address (no P.O. Boxes)									
Sur	eet address (110 F.O. Boxes)					Т	П		П	
									ш.	
City	<u>, , , , , , , , , , , , , , , , , , , </u>	Cour	nty			$\neg \neg$				Zip code
Str	eet address of reporter if different	from facility (agency	//institution) wher	e injury oc	curred (r	o P.O.	Boxes	)		
						Ш	ш		Ш	$\bot$
Dat	te filled out <i>(mm/dd/yy)</i> By (	reporter)			P	none ni	umber		П	
1.	Date of injury (mm/dd/yy)	Time	of injury : F AM	F PM	Age		Sex of i	-	ed pers	
2.	Type and brand of sharp involved (Fill in one circle and/or boxes as appropriate.)									
	Needle (nonsuture)		F Vacuum tube	collection				GI	ass	
	F Insulin syringe with needle	F Other nonsuture needle					F Blood tube			
	F Tuberculin syringe with needle	terbert tree 2 con	0	4					Other	tube
	F  - gauge needle factory-at F Other syringe with needle	Surgical instrument or other sharp (no glass)  F Lancet				ass)	F Slide			
	F Prefilled cartridge syringe (ie, Tu	F Suture needle					F Ampule F Other glass:			
	F Blood gas syringe	F Scalpel					•	Othion	giaco.	
	F Syringe, other		F Trocar							
	F Needle connected to IV line	F Staples								
	F Winged steel needle	F Wire								
	F IV catheter, loose	F Other surgical instrument/nonglass								
			sharp							
	Brand (Fill in brand name or "un	known.")					_			
			$\bot$			Ш			Ш	
3.	Original intended use of sharp (F	-ill in one circle.)								
	F Injection, IM	<b>(</b> )			F Drilling					
	F Injection, SC/ID	F Start IV or set i		F	F Electrocautery					
	F Suturing, skin	F Other injection	aspiration IV		F Wiring					
	F Suturing, deep	F Heparin or sali	•		F Contain specimen/pharmaceut				ceutical	
	F Draw venous sample	id/tissue sample			F Other					
	F Draw arterial sample	F Finger stick/he					F Unknown/NA			

## Contaminated Sharps Injury Reporting Form (continued)

4.	Did the injury occur the sharp was used for its original intended purpose? (Fill in one circle.)									
	F Before (do not report to TDH) F During (go to	4a) F After (go to 4a)								
	a. If the exposure occurred "During" or "After" the sharp was used, was it? (Fill in one circle.)									
	F Because the patient moved during the procedure	F While disassembling								
	F While recapping	F While putting sharp into container								
	F Found in an inappropriate place (eg, table, bed, tra	. • .								
5.	Did the device being used have engineered sharps injury protection?									
	F Yes (go to 5a) F No (go to 6)	F Don't know (go to 6)								
	a. Was the protective mechanism activated?									
	F Yes, fully (go to 5b) F Yes, partially (go to	5b) F No (go to 6) F Don't know (go to 6)								
	b. Did the exposure incident occur activation of the protective mechanism? (Fill in one circle.)									
	F Before F During	F After								
6.	Was the injured person wearing gloves?	F Yes F No								
7.	Had the injured person completed a hepatitis B vaccin	nation series? F Yes F No								
8.	Was there a sharps container readily available for disp	oosal of the sharp? F Yes F No								
9.	Had the injured person received training on the exposin the 12 months prior to the incident?	sure control plan F Yes F No								
10.	Involved body part (Fill in one circle.)									
		F Face/head/neck F Torso (front or back)								
11.	Job classification of injured person (Fill in one circle.)	)								
	F MD/DO F Respiratory the	erapist F Dentist								
	F PA F Phlebotomist/la	ab tech F Dental hygienist								
	F CRNA/NP F Aide (eg, CNA,	, HHA) F School personnel (not nurse)								
	F RN F EMT/Paramedic	, ,								
	F LVN F Firefighter	F Chiropractor								
	F Surgery assistant/OR tech F Police	F Other	-							
	Employment status of injured person (Fill in one circle	a.)								
	F Employee F Contractor/Contract employee	F Student F Volunteer F Other								
12.	If not directly employed by reporter, name of employer	:/service/agency/school <i>(Optional.)</i>								
13.	Location/facility/agency in which sharps injury occurre	ed (Fill in one circle.)								
	F Hospital	F Correctional facility								
	F Clinic	F Residential facility (eg, MHMR, shelter)								
	F Outpatient treatment (eg dialysis, infusion therapy)	F School								
	F Laboratory (freestanding)	F Home health								
	F Bloodbank/center/mobile	F Other								
	F EMS/fire/police									
14.	Work area where sharps injury occurred (Fill in one circle for best choice.)									
	F Patient/resident room F L&D	F Autopsy/pathology								
	F Floor, not patient room F Procedure room									
	F Critical care unit F Dialysis room/c									
	F Emergency dept F Seclusion room	·								
	F Rescue setting (non ER) F Medical/outpati	· · · · · · · · · · · · · · · · · · ·								
	F Pre-op or PACU F Laboratory	F Home F Other								
		F Ulner								